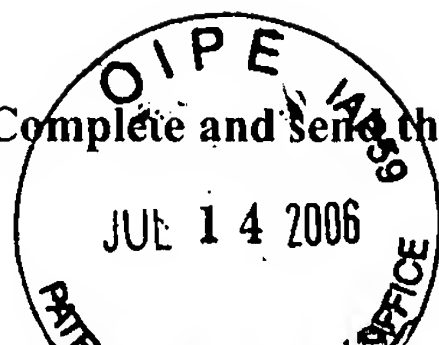


## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23504

7590

05/05/2006

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 SCOTTSDALE, AZ 85251

07/17/2006 MAHME2 00000014 10647855

01 FC:2501  
 02 FC:1504

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|            |                    |
|------------|--------------------|
| Joan Brown | (Depositor's name) |
|            | (Signature)        |
| 7-11-06    | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/647,855      | 08/25/2003  | Evan Francis Cromwell | 6004P2659           | 3679             |

TITLE OF INVENTION: ACTIVE SENSOR AND METHOD FOR OPTICAL ILLUMINATION AND DETECTION

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 08/07/2006 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| VALENTIN, JUAN D | 2877     | 356-417000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jeffrey D. Moy

2 Harry M. Weiss

3 Weiss &amp; Moy, =P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date 7-11-06

Typed or printed name \_\_\_\_\_

Jeffrey D. MoyRegistration No. 39,307

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|   |                      |                        |           |
|---|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/647,855             |           |
|   | Filing Date          | 8-25-03                |           |
|   | First Named Inventor | Cromwell               |           |
|   | Art Unit             | 2877                   |           |
|   | Examiner Name        | Valentin               |           |
| Total Number of Pages in This Submission  | 4                    | Attorney Docket Number | 6004P2659 |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
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| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____   | Return postcard   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Landscape Table on CD   | Check #14292 - \$1,000  |
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| <input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                           |          |        |
|--|---------------------------|----------|--------|
| Firm Name                                  | Weiss, Moy & Harris, P.C. |          |        |
| Signature                                  |                           |          |        |
| Printed name                               | Jeffrey D. Moy            |          |        |
| Date                                       | 7-11-06                   | Reg. No. | 39,307 |

| CERTIFICATE OF TRANSMISSION/MAILING   |            |      |         |
|---|------------|------|---------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |            |      |         |
| Signature   |            |      |         |
| Typed or printed name   | Joan Brown | Date | 7-11-06 |

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